

## **The Health Care Cabinet**

Tuesday, March 13, 2012  
Meeting Minutes

**Cabinet Attendees:** Lieutenant Governor Nancy Wyman, Chair; Patricia Baker, Vice Chair; Ellen Andrews; Phil Boyle; Roderick Bremby; Jeannette DeJesús; Janice Gruendel; Jeffrey Lucht; John Oraziotti; Margaret Smith; Linda St. Peter; Robert Tessier; Tory Westbrook; Damaris Whittaker; Joshua Wojcik; Peter Zelez; Jill Zorn

**Absent:** Anne Foley; William Handelman; Steven Hanks; Sarah Kolb; Terrence Macy; Donna Moore; Jewel Mullen; Pat Rehmer; Alfreda Turner; Vicki Veltri; Joanne Walsh

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### **1. Call to Order & Introductions | Lt. Governor Wyman**

Lieutenant Governor Nancy Wyman opened the meeting at 9:05 am by welcoming all attendees. A representative of the Interfaith Council presented her with cards containing names of CT residents who have died or are dying due to a lack of adequate health care. Lt. Governor Wyman expressed the wish that those represented can get better and obtain health insurance.

### **2. Administrative Business | Lt. Governor Wyman**

Minutes from the February 14, 2012 meeting were approved with no changes.

### **3. Basic Health Plan Work Group (BHP Work Group) - Planning and Discussion | Special advisor Jeannette DeJesús**

Special Advisor Jeannette DeJesús spoke of the Basic Health Plan (BHP), a possible alternative for the more than 70,000 people who will become ineligible for Medicaid as a result of the poverty line exclusion (134% - 200% FPL). States have the option of creating a BHP or allowing those Medicaid clients to purchase from the Exchange. The Office of Health Reform & Innovation understands the benefits to the BHP, although many questions remain. To address some of these questions, Special Advisor DeJesús has been asked to convene a working group to examine the BHP and how it will impact the population it serves and the Insurance Exchange. Vice Chair Pat Baker and Commissioner Roderick Bremby have agreed to serve on the group. This new work group will be small and will move quickly to develop key questions regarding the BHP and health reform issues. She asked that interested parties respond to her within the next two days.

#### **4. Office of Health Reform & Innovation – Updates | Special advisor Jeannette DeJesús**

Special advisor DeJesús reported on activities of the Multi-Payer Data Initiative work group. There is legislation pending that, if passed, would establish an All Payer Claims Database (APCD) in CT. This legislation, H.B. 5038, would allow the multi-payer group and stakeholders to begin the process of making the necessary policy decisions. Special advisor DeJesús requested that Cabinet members support the legislation by talking with legislators about the importance of this initiative to our health reform implementation efforts. Further information is available [online](#).

#### **Update and 2012 Priorities Continued | Vice chair Pat Baker**

Vice chair Pat Baker spoke briefly about work group recommendations to the Cabinet. She asked groups that aren't ready to make recommendations to provide the Cabinet with updates of progress made thus far.

#### **Consumer Advisory Board | Special advisor Jeannette DeJesús**

Special advisor DeJesús gave an update on the Consumer Advisory Board. The first 10 minutes of each meeting is open to the public and members are in the process of identifying consumers to share their stories at each meeting. A request was made for recommendations from the Cabinet. Advisory board members are in the process of developing a mission statement that will guide their work. The Board wants to establish a formal connection to the Cabinet and the Exchange so that it can bring a consumer perspective to health reform decision-making. The board would like to add more consumers to the group and requests recommendations from cabinet members. Further information on activities of the Board is available [online](#).

#### **Health Technology | Commissioner Rod Bremby**

Commissioner Bremby provided information on the Health Technology work group. He said the group has focused on one recommendation, which is to create a convening entity to connect the technology initiatives across multiple organizations/agencies. The group will explore this in depth and report its findings in a future meeting. Information on this work group is available [online](#).

#### **Business Plan Development | Jill Zorn for Francis Padilla & Nancy Yedlin**

Jill Zorn gave updates on activities of the Business Plan Development work group. The group has looked at individuals and their coverage issues and then shifted to the small group market and their issues. A representative from the Massachusetts Connector addressed this work group regarding their experiences. Nancy Yedlin described issues encountered by the small group market—the lack of engaging brokers fully and the small number of carriers willing to participate in the Connector. The need for a robust, competitive marketplace of people interested in offering to the small group market was emphasized as well as ensuring that distribution channels (brokers, insurance companies) are engaged. There will be an ongoing need to maximize affordability as access issues get solved. Ellen Andrews added that MA was

successful in engaging small businesses in offering insurance to employees, contrary to popular opinion. Phil Boyle added that the Connector representative stated the importance of goal setting in reducing the uninsured population.

The most recent Business Plan meeting featured a presentation and discussion about the Basic Health Plan. In addition, there was a review of Sustinet legislation to determine what recommendations could be implemented now. Ms. Zorn commented on the need for Cabinet work groups to share information. In response to a question about the Business Plan work group's addressing health disparities, Ms. Yedlin said that while not explicitly addressing disparities, the group is working to identify gaps in coverage and addressing access to insurance, care and affordability. Special advisor DeJesús added that disparities occur not just from services provided but from institutional structures and issues that need to be addressed as well. There was a brief discussion about creative approaches to outreach efforts for new insurance options. Details on the Business Plan Development work group are available [online](#).

#### **Health Insurance Exchange Report | Special advisor Jeannette DeJesús for Tia Cintron**

Special advisor DeJesús reported on [activities of the CT Health Insurance Exchange](#). She said the Exchange has been developing the administrative structure needed to build this organization from the ground up. KPMG, an audit, tax and advisory services firm, has been contracted to plan business operations, IT systems and consumer assistance. The search for a CEO is underway. Further information on Exchange activities can be found [online](#).

#### **Delivery System Reform | Vice chair Pat Baker**

Vice chair Baker provided an extended update on the Delivery System Reform work group. She provided an [outline](#) of the group's efforts including the charge, operating principles and recommendations. Further information for this work group is [online](#). Janice Gruendel commented that the operating principles are similar to those being used by DCF to guide changes. Commissioner Bremby echoed this sentiment for DSS, but added that larger structures need to be examined in order to focus on prevention and keeping people healthy. Ms. Andrews pointed out the importance of engaging patients in their own health, asking for their input relevant to system changes that are needed. Ms. Gruendel informed the cabinet of an upcoming June meeting being planned for agency heads and others that will use Kaiser Permanente data to examine conditions that are predictive of poor health outcomes. This meeting will also allow agencies to gain awareness of what others are doing, perhaps providing a forum for aligning efforts toward common goals. Ms. Gruendel will provide further details at the next Cabinet meeting. An unidentified speaker noted that private insurance companies are focusing on wellness and transparency, adding that having the public sector do this as well will help greatly in affecting change.

#### **5. Next Steps**

Vice chair Baker thanked all work group participants, particularly the Delivery System Innovation group. She also thanked Mark Borton, a consultant hired by the CT Health Foundation to help the Delivery System Reform group complete its work.

Special advisor DeJesús asked Cabinet members to contact their public health legislators within the next two weeks to request that APCD legislation be moved out of committee so it can proceed. Passing this legislation would allow CT to be competitive for many CMS and HHS initiatives. Vice chair Baker said she recently attended a national conference which showed rankings of states' health reform efforts, and CT is considered to be ahead of the curve.

Damaris Whitaker asked that public participation be added to future agendas. Vice Chair Baker agreed to do this.

## **6. Adjourn**

Meeting was adjourned at 10:11 am. **Next meeting - Tuesday April 10, 2012 at 9:00 am.**